



**APPLICATION FOR ADMISSION FORM
SACRED HEART CATHOLIC SCHOOL
455 Pigeon Avenue, Williams Lake BC V2G 4R5
Phone (250) 398-7770 Fax (250) 398-7725**

OFFICE USE ONLY	
Date of entry: _____	Reg fee: _____
Forms received: _____	
Data entered: _____	ID# _____
FPS #: _____	

Personal Information:

Student's **legal** names : _____
 SURNAME FIRST MIDDLE

Student's **usual** names : _____
(if different from above) SURNAME FIRST MIDDLE

To be registered in Grade _____ Sex: M or F (circle)

Birth Date: _____ Place of birth: _____
(year/month/day) **For the initial registration please submit a copy of the birth certificate.**

Primary language: _____ Other (specify): _____

Citizenship: Canadian YES NO or other (specify): _____

Aboriginal Ancestry: YES NO Status: YES NO Living on Reserve: YES NO

If status & living on reserve: Band Name _____ DIA # _____

Family Information:

Mailing Names: _____ Email Address: _____

MAILING address: _____ Postal Code: _____

HOUSE address (if different from above): _____ HOME PHONE: _____

Second address (if applicable) _____

Child resides with: Mother Father Both Other (please specify): _____

Custody: Mother Father Both Other (please specify): _____

Please note: To clearly communicate special custody arrangements please notify the school office.

Legal Alert Yes* No (*If yes please provide support documents) Date provided: _____

Notes:

#1 Name of parent/guardian: _____ Resident in Home: YES NO

Workplace: _____ Work Phone: _____ Home Phone (if different from student): _____ Cell Phone: _____

#2 Name of parent/guardian: _____ Resident in Home: YES NO

Workplace: _____ Work Phone: _____ Home Phone (if different from student): _____ Cell Phone: _____

Alternate Emergency Contact Person _____ Home #: _____ Work #: _____

Cell phone #: _____ Relationship to student: _____

Daycare/babysitter: _____ Phone: _____

Any siblings: Please give name and year of birth (YOB)

Name _____ YOB _____ Name _____ YOB _____ Name _____ YOB _____

Medical Information

Family Doctor: _____ Phone: _____ Care Card #: _____
(please provide copy of care card)

Dentist: _____ Phone: _____

Health or Social Problems: _____ Physical Limitations: _____

Medical Alert YES NO Allergies: _____

Immunizations up to date: YES NO Last immunization at: _____

Religious Information

Sacred Heart Parishioner or Non-Parishioner

Father's Religion _____ Mother's Religion _____ Parish Envelope # _____

Child's Religion _____ Child's Baptism Date _____ at _____ parish

Copy of Baptism Certificate received: _____ Dates: Reconciliation _____ First Communion _____ Confirmation _____

(Please provide copy of baptism certificate)

Educational Information

Former School: _____ Address: _____

City: _____ Postal Code: _____

Has this child received Special Education Programming: YES NO

Has this child received Learning Assistance: YES NO

Please attach a copy of your child's last report card.

Bus Information

Bus Student: YES NO Bus # _____

I certify that this information is complete and correct

DATE: _____ PARENT/GUARDIAN SIGNATURE: _____

For New Registrations Only:

Please explain your reasons for seeking admission to Sacred Heart Catholic School:

FOR OFFICE USE ONLY:

Registration Fee received Tuition Rate: _____ Birth Certificate rcvd. Baptism certificate rcvd.

Care Card rcvd.

Pastor's signature

Principal's signature

Legal Residency of Parent

To be completed and signed by a parent or legal (court-appointed) guardian. (If legal guardian, attach copy of court order appointing you as legal guardian.) If both parents are deceased please request a different form.

(Lawfully admitted into Canada)

I am (please X one):

- A Canadian citizen (if not born in Canada, please attach photocopy of citizenship paper/card)
- A landed immigrant (attach photocopy of landed immigrant status paper)
- Lawfully admitted into Canada under one of the following documents (please mark the appropriate box below and attach photocopy of document):
 - Admission as a refugee claimant
 - A person claiming refugee status who has a letter of no objection
 - Student authorization (student visa) for two or more years (or issued for one year but anticipated to be renewed for one or more additional years)
 - Employment authorization (working permit) for two or more years (or issued for one year but anticipated to be renewed for one or more addition years)
 - A person carrying out official duties as a diplomatic or consular official (with a foreign representative acceptance counterfoil in his/her passport)
 - Other - Document description: (must be cleared with Immigration Canada _____)

(Residency in British Columbia)

I am a resident of British Columbia (please X one):

- Yes Residency address: _____
- No I am not a resident of British Columbia

Confirming Signature:

Parent/Legal Guardian's Name _____ Student Name: _____

Parent/Legal Guardian's Signature: _____ Date: _____

Declaration

Please X all that apply:

- I give permission for the transfer of all information and documentation pertaining to my child as named below if transferring to/from a BC public school, or a school outside of BC.
- I give my consent for the release of my name, phone number and address for school communication purposes, such as Parent Support Group and classroom phoning committees, etc.
- I give my consent for the publication of my child's name, photograph and comments for school purposes in the news media/school or parish publications/school website/Catholic Independent Schools (CISKD) website.
- I give my permission for my child to participate in school field trips and/or other related trips (Consent forms will be sent home to be signed for each activity/event where students leave the school grounds.)

I agree to these conditions. I will contact the school if I want to change any of the above conditions at any time.

Parent Name: _____ Student Name: _____

Parent/Guardian Signature: _____ Date: _____